

## **Statutory Requirements for the Annual Evaluation of the Utah Health Insurance Market by the Department of Insurance**

Report Date: Before October 1  
Frequency: Annual  
2007 Legislation: None  
Special Notes: None  
Statutory Cite: §31A-2-201

- "(7) (a) Each year, the commissioner shall:
- (i) conduct an evaluation of the state's health insurance market;
  - (ii) report the findings of the evaluation to the Health and Human Services Interim Committee before October 1; and
  - (iii) publish the findings of the evaluation on the department website.
- (b) The evaluation required by Subsection (7)(a) shall:
- (i) analyze the effectiveness of the insurance regulations and statutes in promoting healthy, competitive health insurance market that meets the needs of Utahns by assessing such things as:
    - (A) the availability and marketing of individual and group products;
    - (B) rate changes;
    - (C) coverage and demographic changes;
    - (D) benefit trends;
    - (E) market share changes; and
    - (F) accessibility;
  - (ii) assess complaint ratios and trends within the health insurance market, which assessment shall integrate complaint data from the Office of Consumer Health Assistance within the department;
  - (iii) contain recommendations for action to improve the overall effectiveness of the health insurance market, administrative rules, and statutes; and
  - (iv) include claims loss ratio data for each insurance company doing business in the state.
- (c) When preparing the evaluation required by this Subsection (7), the commissioner may seek the input of insurers, employers, insured persons, providers, and others with an interest in the health insurance market."